



**Workforce Innovation and Opportunity Act (WIOA)  
EMPLOYMENT VERIFICATION FORM**

**WIA PARTICIPANT'S NAME:** \_\_\_\_\_ **LAST 4 SS#:** \_\_\_\_\_

**CURRENT JOB TITLE:** \_\_\_\_\_ **HOURLY RATE OF PAY:** \_\_\_\_\_

**START DATE FOR CURRENT JOB:** \_\_\_\_\_ **NUMBER OF HOURS PER WEEK:** \_\_\_\_\_

**BENEFITS RECEIVED: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

➤ **IF "YES", CIRCLE BENEFITS RECEIVED:**

HOLIDAY PAY VACATION TIME SICK LEAVE HEALTH INSURANCE

OTHER: \_\_\_\_\_

**EMPLOYER/COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF VERIFYING OFFICIAL)

\_\_\_\_\_  
(DATE OF VERIFICATION)

**CAREER ADVISORS: TRAINING PROGRAM** \_\_\_\_\_ **A / DW**

**SCHOOL:** \_\_\_\_\_ **GRADUATE / DROP / OCP**

**PLEASE RETURN TO:** \_\_\_\_\_